2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90301 016 ****61.25

DOCUMENT # 707324

1. Entity Name
5400 GULF DRIVE INC A CONDOMINIUM

Principal Place of Business	Mailing Address
5400 GULF DRIVE HOLMES BCH, FL 34217 US	5400 GULF DRIVE HOLMES BCH, FL 34217 US

01062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1159398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRALL, DALE 5400 GULF DR, #10 HOLMES BEACH, FL 34217	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDSAY, ELIZABETH 5400 GULF DRIVE #35 HOLMES BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRALL, DALE 5400 GULF DR., #10 HOLMES BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☑ Addition HORVATH, SHIRLEY 2512 AVENUE A BRADENTON, BEACH, FL 34217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEUR, MARC 5400 GULF DR, #24 HOLMES BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D ☐ Change ☑ Addition BARRANGER, PRISCILLA 5400 GULF DRIVE # 6 HOLMES BEACH, FL 34217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPAULDING, LAURA 5400 GULF DR, #7 SALINE, MI 48176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☑ Addition WILKINSON, JEANNE 11 MAPLE STREET BROADALBIN, NY 12025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELLEY, ANTOINNETTE 5400 GULF DRIVE # 33 HOMES BEACH, FL 34217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRUEWER, MARY 5400 GULF DR #23 HOLMES BEACH, FL 34217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU BRUEWER Mary Lou Bruewer 2/21/05 941-778-2574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #